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FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 MAY 11 A 10: 05

	(See instructions)		Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5 , ,
CA Association of Physician Groups Federal Political Action Committee			
		 	
915 Wilshire Blvd ADDRESS (number and street)			
(Check if address is changed)	Suite 1620		
	Los Angeles		GA 90017 -
		CITY	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)			
(Check if address is changed)	wbarcellona@capg.o	org	
COMMITTEE'S WEB PAGE ADDRESS (URL)			
(Check if address	www.capg.org		
is changed)			
2. DATE MOS ' DOS ' Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Type or Print Name of Treasurer Donald Crane Signature of Treasurer Electronically Filed by Donald Crane Date Date			
Date U.S. C.S.			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS			
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530	